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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/086,410
		Filing Date	November 20, 2001
		First Named Inventor	Paul D. Rietze
		Group Art Unit	2841
		Examiner Name	Bui, Hung S.
		Attorney Docket Number	42390P11636
Total Number of Pages in This Submission		5	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Response to Restriction Requirement TECHNOLOGY CENTER 2800 JAN 15 2003 RECEIVED</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Gregory D. Caldwell, Reg. No. 39,926 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	December 20, 2002

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: December 20, 2002			
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Signature		Date	December 20, 2002

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FEE TRANSMITTAL for FY 2003		Complete if Known	
Patent fees are subject to annual revision.		Application Number	10/086,410
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	November 20, 2001
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Paul D. Rietze
		Examiner Name	Bui, Hung S.
		Group/Art Unit	2841
		Attorney Docket No.	42390P11636

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account		3. ADDITIONAL FEES	
Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP		Large Entity Small Entity	
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20 <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account		Fee Code Fee (\$)	
1. BASIC FILING FEE		Fee Description	
Large Entity Small Entity		Fee Paid	
Fee Code Fee (\$)			
1001 740 2001 370 Utility filing fee			
1002 330 2002 165 Design filing fee			
1003 510 2003 255 Plant filing fee			
1004 740 2004 370 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES		Fee Description	
Total Claims 20** = X Fee from below = Fee Paid			
Independent Claims 3 = X = =			
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)			
1202 18 2202 9 Claims in excess of 20			
1201 84 2201 42 Independent claims in excess of 3			
1203 280 2203 140 Multiple Dependent claim, if not paid			
1204* 84 2204 42 **Reissue independent claims over original patent			
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)			
**or number previously paid, if greater, For Reissues, see below			
		SUBTOTAL (3) (\$)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Gregory D. Caldwell	Registration No. (Attorney/Agent)	39,926
Signature		Telephone	(503) 684-6200
		Date	12/20/02

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